

First-Class Mail Postage & Fees Paid USPS Permit No. G-10

Sender: Please print your name, address, and ZIP+4 in this box

Sonja Brooks Regional Hearing Clerk U.S. EPA 77 W. Jackson Blvd., E-19J

Chicago, IL 60604-3507

DainlerChrysler

SENDER: COMPLETE THIS SECTION	

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.
- 1. Article Addressed to:

CT Corporation Systems 1300 East 9th Street Cleveland, OH 44114

COMPLETE THIS SECTION ON DELIVERY

- A. Received by (Please Print Clearly)
- B. Date of Delivery
- WEGLING WEGLING 1390 EAST 9th
- □ Agent ☐ Addressee
- D. Is delivery address different from item 1? If YES, enter delivery address below:
 - Yes □ No

Service Type

- Certified Mail
 Registered
- Express Mail
- Return Receipt for Merchandise
- ☐ C.O.D. ☐ Insured Mail 4. Restricted Delivery? (Extra Fee)

2. Article Number (Copy from service label)

7099 3400 0000

2001 - 001

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789